Consumer Request for Assistance

ALABAMA DEPARTMENT OF INSURANCE LIFE AND HEALTH DIVISION P. O. BOX 303351 MONTGOMERY AL 36130-3351 (334) 241-4141

PLEASE VISIT OUR CONSUMER ALERT PAGE

Please print this form, complete it, and mail it to the address shown above.

Before you file a request for assistance with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance, and mail to the address shown above.

Incur	red or Claimants Name	Work Phone: ()			
		Home Phone: ()			
Addr	ress	Date			
City,	State, Zip	-			
I und	± 7	ance may be provided to the insurance company, agent, or			
PLE	EASE USE A SEPARATE FORM FOR EACI	H COMPANY.			
1.	Complete name of insurance company as she	own on your insurance policy:			
2.	Circle type of insurance: Automobile	Life Homeowner's Health Other:			
3.	(a) Name of policyholder if different from your name:				
	(b) If a group policy, provide the group nam	ne and group number:			
4.	Policy identification or certificate number: _				
5.	Claim number (if applicable)				
6.	Date loss occurred or began (if applicable)				
7.	Agent/broker (if applicable)				
	Telephone Number:				

Have	you coi	ntacted the company, agent, or broker?	(Circle One) YES	NO				
If yes	, state t	he date(s), and person(s) contacted:						
(Provide copies of all correspondence)								
	ve you reported this to any other governmental agency? (Circle One) YES NO es, please give:							
(1)	Name	e of Agency:						
(2)	File n	number, if known:						
	you pre le One)	eviously written to the Department of Insu	rance about this matter?					
YES	NO	File number, (if available)	Date:					
Is a la	owsuit c	currently on going or pending? (C	fircle One)	YES N				
		Signatur						